other diseases. This girl made no complaint about any thing. She answered questions, but was generally, correct only in part. I had to depend chiefly on the nurses for an account of her symptoms. The mesenteric glands did not owe their theoreulation in this case, to an irritation derived from ulcers of the small intestines. The single ulcer of the ilium was not likely to have been the cause of the extensive disease of these glands which was observed.

CASE XIV. Phlebitis .- The same girl whom I cured of phlebitis last year, and whose case I published in the February Number of this Journal, came into the syphilitic ward again this summer; was attacked severely with dysentery, and was bled four times. The last bleeding was in the arm opposite to the one in which the vein was inflamed before. It was followed by pblebitis. She called my attention to it immediately. The vein was inflamed both above and below the orifice. An emollient poultice was applied to the opening, which was red and tumid; a blister was put on above and below the poultice, and an eighth of a grain of tartar emetic was ordered every two hours. The inflammation extended slowly upwards, until the subclavian and internal jugular veins became painful. It was pursued by the fresh application of a blister every day, until at length, the whole side of the neck was vesicated. On the third day the antimonial solution was discontinued, and five grains of blue mass and one grain of opium, were ordered twice a day, which were omitted as soon as her gums became slightly sore. She had previously been so freely depleted for the plysentery, that there was no necessity for a repetition of blood-letting. Her pulse was very much accelerated; there was considerable anxiety of countenance; and she complained greatly of the pain along the course of the brachial vcin; especially when she attempted to straighten the arm. Emollient poultices were applied immediately after the removal of the blisters. I was apprehensive of the result during more than a week; but she has perfectly recovered.

ARTICLE IV.—Case of Triplets. By M. Donnellan, M. D. of Pointe Coupée, Louisiana.

Saturday the 15th, about midnight, I was called, in great haste, to Madam B., a large, robust lady, aged 36, who had already given birth to six children, of whom five are living, and who was then in labour. About half an hour before my arrival, she was delivered of one child, assisted by her mother, quite an old lady, who told me that the child was born feet foremost. The pains were pretty sharp and frequent, though not effective; and at each, unruptured membranes could be felt; but neither

head, nor any other part was perceptible to the touch through them. I made repeated, but unsuccessful attempts with the introduced finger to rupture the membranes; well aware that the waters once discbarged, the utcrus by its tonic contraction, would more closely and firmly embrace its contents, and that thereby the alternate contraction would have more force and efficacy in propelling them. After a few hours, a foot could be felt, during some pains, which would occasionally be propelled to the presenting extremity of the membranes, but receding upon the slightest touch.

As the woman was strong and robust, the pulse by no means feeble or flagging, and no alarming complication, I waited several hours, in the expectation that the membranes would either give way of thems is, or that as they descended slightly, I might, during some future pain, be successful in rupturing them, in the ordinary way, with the finger. Finally, the alternate contraction being almost suspended, the woman's courage and patience exhausted, and her mind tortured with the apprehension of imminent danger, I introduced a common silver probe, the point of which, though not very sharp, was nevertheless guarded with the end of the finger. cautiously scratched the membranes, when an extraordinary quantity of water was discharged. Frictions being renewed on the abdomen, and my patient's hope somewhat revived, the pains soon became frequent and forcible. To the finger now introduced, the sensation of touching two heads at once, was communicated. A second child was very soon born head foremost. Having tied and cut the cord, I commenced frictions upon the abdomen, which were continued a few minutes: then with the view of bringing away the placenta of the first child, I took hold of its cord with the left hand, in order to use gentle traction should it be found detached from the uterus, and, at the same time introducing the right, I distinctly felt the head of a third child, presenting naturally. Having two scruple doses of fresh ergot with me, I immediately administered one of them, in order to hasten the delivery of the third child and placenta, and, at the same time, to produce more promptly and effectively, the tonic contraction of the uterus; fearing, from the great extent thereof occupied by the placenta, that there might be an alarming, and even dangerous hemorrhage. Powerfully propulsive pains rapidly supervened, and the third child was delivered in about half an hour after the second, also head foremost. The third cord tied and cut, brisk frictions were renewed on the abdomen, and in less than five minutes, slight traction upon the first cord sufficed to bring away the placenta, of which there were but two. One of them was an enormous parallelogram, having two of the cords attached at equal distances from each end, with a space of probably nine inches between them; the other was of the usual figure and dimensions, in the centre of which the third cord was implanted.

Frictions were made on the abdomen after the expulsion of the placenta;

and so promptly and energetically did the tonic contraction of the nterus take place, that there was scarcely any hemorrhage whatever.

The children are of both sexes; the first and last born being boys; the other a girl; the first born had his own membranes and liquor amnii separate; the last two were contained in the same water and membranes; their cords being inserted in the large placenta. The aggregate weight of the children, the morning after birth, was twenty-fonr pounds; the first born weighed nine and a-half; the last seven and a-half; and the other seven. Each child seems as large as if there had been but one; both mother and children are, so far, doing very well.

Fourteen hours elapsed between the birth of the first and second child; and if the membranes were not double (which I am strongly inclined to suspect was the case, from the difficulty I experienced in tearing them to examine the placentæ,) they were unquestionably preternaturally thick and strong. "Preternatural strength of the membranes," says Burns, "may also to a certainty prove a cause of tedious labour. This is at once obviated by tearing them, which is done by laying hold of them when slack, during the remission of the pains. It sometimes requires a considerable effort to do this."

Such a proceedure was out of the question in the case just cited, as, in the absence of the pains, the membranes could scarcely be felt, much less laid hold of. Pushing against the membranes with the finger, or cutting them with the nail, as advised by Professor Dewees, will answer in ninetynine out of a hundred cases, perhaps; but in the case above detailed, it also entirely failed.

If, on any future occasion, I should fail in rupturing the membranes with the finger, I shall have no hesitation in having recourse to the probe, as it may be used with perfect ease and safety; and should the woman be timid and very fearful of instruments, might even be introduced without her or the bystanders observing it.

The eleventh day after accouchment, the mother of the triplets was seized with an attack of pnerperal mania, which lasted about six days.

The lochia had not entirely ceased but consisted of a whitish discharge, which disappeared altogether in a few days after the commencement of the attack. The milk, which, at the time of seizure, was scantily secreted, diminished pari passu with the progress of the disease; though, at no time, was there a total suppression. The skin of the head, trunk and upper extremities was cool and very moist all the time; but that of the lower extremities, though cool, was not moist. The pulse, which in the forenoon was 100, rose, during the afternoon, to 120; it was not hard nor chorded, but rather soft and compressible. The tongue was generally white and moist. There were remissions and exacerbations in the disease corresponding to the state of the pulse, the patient being every day worse in the afternoon. Religious ideas predominated; the patient, whose name is Julia,

speaks only French, calling herself Sainte Julie, and speaking continually of le Bon Dieu.

The treatment consisted in leeching the temples, after which twenty grains of calomel were administered at night, followed by castor oil next morning. The bowels were afterwards kept freely open by active injections, and occasional doses of oil; very warm foot baths, with salt or mustard, as also the semicopium, and sinapisms to the inside of the thighs. by way of revulsion, were had recourse to with advantage; camphor was sometimes given, in liberal doses at night, as well to procure sleep, as to diminish the morbid nervous irritability, which was in this, as I believe it is in most cases of the kind, the fons et origo mali. Opium being considered only a doubtful remedy at best, in the disease, was not administered: neither was the liyosciamus at first, which, agreeably to that very able and lcarned lecturer, Professor Sigmond, is contraindicated whenever there is either delirium or mania.

Towards the last, however, the disease being on the wane, the sleep, which followed the henbane, combined with camphor, was certainly productive of benefit. Having observed that my patient became jealous of her hnsband, and believed him to have conspired, with some others of her nearcst relations, against her, I succeeded in undeceiving her; very soon after, she called her husband to her bedside, acknowledged having wronged him, ponred out a flood of tears, and forthwith every symptom of mental alienation disappeared.

ART. V. Reports of Cases of Nervous Affections. By J. Youno, M. D. of Chester, Pa.

CASE I. Spinal Irritation .- Miss E. P., atat. 21, of a good constitution, has uniformly enjoyed good health till within two years; requested that I should see her, January 6th, 1834. In visiting her, I learned that she had been for eighteen weeks past, unable to put her left foot to the floor, on account of pain and soreness under the external malleolus. It was much swollen, of a bright red colour, and exquisitely tender to the tonch. Was first attacked with pain in the right side, in the region of the liver: had sent for a physician, who prononneed her complaint liver disease, and prescribed bleeding, purging, blistering, dieting, and finally, salivation. At length the pain moved from the side to where it now is. Her physician then prescribed a great variety of medicines internally, and baths, cataplasms, &c., to the ankle without benefit; and falling sick himself, another attended her for some weeks without the least benefit resulting; she was then removed some miles to a third of much celebrity, who exhausted his resources and his patience, in